

CLAIMS ONLY

101796415

Timing Date	.
.	.

Applicant(s) _____

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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47						
48						
49						
50						
Total Indep	1					
Total Depend	29					
Total Claims	30					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						